

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10752030**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52	1					
3		1					53	1					
4		1					54		1				
5		1					55		1				
6		1					56		1				
7		1					57		1				
8		1					58		1				
9		1					59		1				
10		1					60		1				
11		1					61		1				
12		1					62		1				
13		1					63		1				
14		1					64		1				
15		1					65		1				
16		1					66		1				
17		1					67	1					
18		1					68		1				
19		1					69		1				
20		1					70		2				
21		1					71		2				
22		1					72		2				
23		1					73		2				
24		1					74		2				
25		1					75		2				
26	1						76		1				
27		1					77		1				
28		2					78		1				
29		1					79		1				
30		1					80		1				
31		1					81		1				
32		1					82		1				
33		1					83		1				
34		1					84		1				
35		1					85		1				
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	73	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	2924	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	86					